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<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	<b>Application Number</b>		10/590,167
	<b>Filing Date</b>		February 14, 2005
	<b>First Named Inventor</b>		Ian V. J. Archer
	<b>Title</b>	PROCESS FOR PREPARING LITHIUM AMIDE AND A COMPOSITION OBTAINABLE BY SAID PROCESS	
	<b>Art Unit</b>		N/A
	<b>Examiner Name</b>		Not Yet Assigned
<b>Attorney Docket No.</b>		HGX-003.01	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 25181

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Telephone

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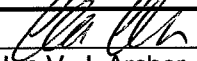
I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	8-1-07
Name	Ian V. J. Archer	Telephone	07905 011 69
Title and Company	Inventor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.

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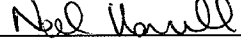
OR

<input type="checkbox"/> Firm or Individual Name					
<b>Address</b>					
City		State		Zip	
Country		Telephone		Email	

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*
**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	09 Feb 2007
Name	Noel A. Hamill	Telephone	+442890301448
Title and Company	Inventor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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